

Nevada Department of Education Office of Child Nutrition and School Health

INSTRUCTIONS

School Lunch, Breakfast, and Special Milk Program Monthly Claims for Reimbursement

SPECIAL NOTE: Please submit **A Monthly Site Claim and Consolidated Monthly Claim to State Agency** and retain a second copy for your sponsor records. Submit all claims to:

**NEVADA DEPARTMENT OF EDUCATION
OFFICE OF CHILD NUTRITION AND SCHOOL HEALTH,
700 E Fifth St Suite 109
CARSON CITY, NEVADA 89701**

Sponsors should begin using these forms immediately.

The following instructions apply to all sponsors, i.e., National School Lunch Program (NSLP), Residential Child Care Institutions (RCCI), Kindergarten Special Milk Program (KSMP), and Special Milk Programs. Complete the Claim using the Interactive PDF or print out the form and complete by hand. NDE will accept electronic signatures on the **Consolidated Monthly Claim Form**.

- I. Update Adobe Reader to version 8 or greater.**
- II. Creation of a digital signature**

- a. The person submitting the claim for reimbursement must be on the **authorized signature list** provided when your application was submitted or revised.
- b. Click the signature box and a wizard to assist with creation of a digital signature appears.
 - i. Choose - **Create Self Signed Digital ID**
 - ii. Accept the default – **New PKCS#12 digital ID file**
 - iii. Enter your **Full Name**
 - iv. Enter your **Unit** or department name, i.e., Childcare, Kitchen, Administration, Etc
 - v. Enter your **Organization Name**
 - vi. Enter your **Email Address**
 - vii. Enter and confirm your password. Save this password where you will never forget it the password is needed to digitally sign the claim each month until the CNP software is available.
 - 1. Each month when you click the sign box, a window will pop up requesting this password. Enter your password and click sign. The claim can now be sent via email. Saving from the file command will allow you to save an electronic copy of the claim. File>Save As>file title.

Office of Child Nutrition and School Health
Instructions for completing each section of the
Monthly Site Claim for Reimbursement

I. Monthly Claim Form

- a. **Sponsor Name:** Insert sponsor name as it appears on the current Agreement.
- b. **Site Name:** Insert Site Name
- c. **Agreement Number:** The agreement number is a unique identification number issued by NDE to each sponsor upon completion of the application process. **This field may be left BLANK:** NDE will fill in the agreement numbers for each sponsor to ensure accuracy.
- d. **Month Claimed:** Enter the claim month and calendar year for the appropriate reimbursement period. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals/milk served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance **two months** may be combined on the Claim for Reimbursement. [Example: August (5 operating days) combined with September (20 operating days)]. However, Claims for Reimbursement **may not** combine operations occurring in two fiscal years. (i.e., June and July or September and October.)
- e. An authorized signature is not needed on the Monthly Site Claim for Reimbursement Form.

II. Meals Served to Children (NSLP AND RCCI SPONSORS)

Lunch

- **Paid:** report all paid lunches served in the Claim month in the appropriate box.
- **Free:** report all free lunches served in the Claim month in the appropriate box.
- **Reduced:** report all reduced price lunches served in the Claim month in the appropriate box.

Breakfast

**Determine if the site is approved as a regular breakfast site or a severe need breakfast site.
Report breakfast meals in the approved category.**

Regular Breakfast

- **Paid:** report all paid breakfast meals served in the Claim month in the appropriate box.
- **Free:** report all free regular breakfast meals served in the Claim month in the appropriate box.
- **Reduced:** report all reduced price regular breakfast meals served in the Claim month in the appropriate box

Severe Need Breakfast (SNB)

Severe need breakfast qualification is determined by 40% or more free and reduced price lunch meals in the second preceding year.

- **Paid:** report all severe need breakfast meals for SNB approved schools served in the Claim month in the appropriate box.
- **Free:** report all severe need breakfast meals for SNB approved schools served in the Claim month in the appropriate box.
- **Reduced:** report all reduced price breakfast meals for SNB approved schools served in the Claim month in the appropriate box.

Afterschool Snacks – Schools

Note: DO NOT FILL IN THE GRAY BOXES

- **Paid:** report all paid regular snacks served in the Claim month in the appropriate box.
Area eligible snacks are all free snacks.
- **Free:** report all free snacks in regular or area-eligible programs in the appropriate box.
 - Area -eligibility is determined by 50 percent or more of the enrolled students are certified eligible for free or reduced price meals in the month of October.
- **Reduced:** report all reduced snacks served in the Claim month in the appropriate box.
Area eligible snacks are all free snacks.

Afterschool Snacks – RCCI Only

- **Free:** report all snacks served in RCCI settings as Regular – Free snacks.
 - Note: Only *snacks served on days in which your school is in session are reimbursable.*

Special Milk - Report milk units used in the Special Milk Program in the Special Milk Program field at the bottom of this claim form

Note: DO NOT FILL IN THE GRAY BOXES

- **Paid:** Do not fill this field out.
- **Free:** Do not fill this field out.
- **Reduced:** Do not fill this field out.

III. Eligible Children

Lunch

- **Paid:** Subtract approved free/reduced price numbers of children from the total number of children who have access to the National School Lunch Program in the appropriate box.
- **Free:** report the number of children approved free lunch served in the Claim month in the appropriate box.
- **Reduced:** report the number of children approved reduced price lunch in the Claim month for lunch in the appropriate box.

Breakfast

- **Paid:** Subtract approved free/reduced price numbers of children from the total number of children who have access to regular School Breakfast and/or Severe Need Breakfast served in the Claim month in the appropriate box.
- **Free:** report the number of children approved free for regular or severe need breakfasts served in the Claim month in the appropriate box.
- **Reduced:** report number of children approved for reduced price regular breakfast or reduced price severe need breakfast served in the Claim month in the appropriate box.

After School Snacks

- **Paid:** report the total number of paid regular snacks served in the Claim month in the appropriate box.
Area eligible snacks are all free snacks.
- **Free:** report the total number of free snacks in regular or area eligible programs in the appropriate box.

- **RCCI** – *only snacks served on days in which your school is in session are reimbursable.*
- **Reduced:** *Area eligible snacks are all free snacks.*

Special Milk – Schools Only

- **Paid:** report the total number of all children who receive non-free milk during the Claim month in the appropriate box.
- **Free:** report the total number of applications that qualify for free milk at all sites in the appropriate box.
- **Reduced:** **Do not fill out this field.**

Special Milk – Special Milk Only Sponsors (Non-Pricing and Pricing without free milk sponsors)

- **Paid:** report the total number children who receive milk during the Claim month in the appropriate box.

IV. Program Information

Lunch, Breakfast, Afterschool Snacks, and Special Milk

- **Days Meals or Milk Served:** Indicate the number of days in the Claim month that the NSLP, Regular School Breakfast, Severe Need Breakfast and After School Care Snack Program were available to children. **RCCI – Count only the days a reimbursable snack was served. (Weekends, holidays, staff development days, and any other release days from schools are not eligible for reimbursement).**

V. Miscellaneous Information

- **Highest Number of Children Fed on Any Given Day (RCCI Only):** this number cannot exceed the highest number of students served on any given day of the month. Numbers that exceed your approved cap must be explained to the RCCI consultant via email at the time the claim is complete.
- **Adult Meals (earned and paid):** This data is not being collected by NDE at this time.
- **Other Revenue Dollars (include a la carte and separate milk sales):** This data is not being collected by NDE at this time.

VI. Special Milk Program

- **Number of ½ pints of milk served in Pricing or Non-Pricing Programs (only complete if you entered a number in the Eligible Children Special Milk, Paid cell above):** Report the number of half-pints or 8 ounce equivalents of milk served to children. This is all non-pricing or pricing-programs with those students who do not qualify for free benefits.
- **Number of ½ pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above):** report the number of half-pints of milk served to children during the Claim month at no charge. The free category is reserved for those sponsors who have collected Applications for Free Milk.
- **Average Milk Cost per ½ pint purchased (Round to four digits). Only complete this if you have entered ½ pints of free milk based on income eligibility:**
- **Special Milk Program Only Sponsors must submit SMP Claim Documentation with this claim. The worksheet may be found at <http://nde.doe.nv.gov/SMP.htm>**

Office of Child Nutrition and School Health
Instructions for completing each section of the
Consolidated Monthly Claim Form for Reimbursement

I. Monthly Claim Form

- f. **Sponsor Name:** Insert sponsor name as it appears on the current Agreement.
- g. **Site Name:** List the total number of schools or residential/non-residential child care sites participating in the NSLP, Regular School Breakfast, Severe Need Breakfast, Special Milk Programs, and eligible After School Care Snack Sites.
- h. **Agreement Number:** The agreement number is a unique identification number issued by NDE to each sponsor upon completion of the application process. **This field may be left BLANK:** NDE will fill in the agreement numbers for each sponsor to ensure accuracy.
- i. **Month Claimed:** Enter the claim month and calendar year for the appropriate reimbursement period. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals/milk served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance **two months** may be combined on the Claim for Reimbursement. [Example: August (5 operating days) combined with September (20 operating days)]. However, Claims for Reimbursement **may not** combine operations occurring in two fiscal years. (i.e., June and July or September and October.)

II. Meals Served to Children (NSLP AND RCCI SPONSORS)

Note: All consolidated Monthly Claim data must be the totals derived from the site claim data or your claim will reject and will not be processed for payment in the current batch payment.

Lunch

- **Paid:** report the total numbers of paid lunch meals served in the Claim month from all approved sites in the appropriate box.
- **Free:** report the total numbers of free lunch meals served in the Claim month from all approved sites in the appropriate box.
- **Reduced:** report total numbers of all reduced price lunch meals served in the Claim month from all approved sites in the appropriate box.
- **Totals:** report the total numbers of lunch meals served by the sponsor in the Claim month in the appropriate box. (Paid + Free + Reduced = Totals).

Breakfast

- **Paid:** report the total numbers of paid regular and severe need breakfast meals served in the Claim month from all approved sites in the appropriate box.
- **Free:** report the total numbers of free regular breakfasts and all severe need breakfast meals served in the Claim month from all approved schools/sites.
- **Reduced:** report the total numbers of reduced price regular and severe need breakfast meals served in the Claim month from all approved sites in the appropriate box.
- **Totals:** report the total numbers of regular and severe need breakfast meals served by the sponsor in the Claim month in the appropriate box. (Paid + Free + Reduced = Totals).

After School Snacks

- **Paid:** report the total numbers of all paid snacks served in the Claim month from all approved sites in the appropriate box.
- **Free:** report the total numbers of all free snacks served in the Claim month from all approved sites in the appropriate box.
- **Totals:** report the total numbers of after school care snacks served by the sponsor in the Claim month in the appropriate box. (Paid + Free = Totals).

Special Milk – Schools Only

- **Paid:** report the total numbers of paid milk served to children who received milk at all sites not participating in the NSLP program in the appropriate box.
- **Free:** report the total numbers of free milk served to children who received milk at all sites not participating in the NSLP program in the appropriate box.
- **Reduced:** Do not complete this section.
- **Total Eligible:** report the total numbers of paid and free milk served to children who received milk at all sites not participating in the NSLP program in the appropriate box. (Paid + Free = Totals)

III. Eligible Children

Lunch

- **Paid:** report the total numbers of children eligible for paid lunches in the appropriate box.
- **Free:** report the total numbers of children eligible for free lunches under the National School Lunch Program in the appropriate box.
- **Reduced:** report the total numbers of children eligible for reduced price lunches under the National School Lunch Program in the appropriate box.
- **Total Eligible:** report the total numbers of children eligible for lunch meals for the National School Lunch Program (Paid + Free + Reduced = Total Eligible).

Breakfast

- **Paid:** report the total numbers of children eligible for paid regular breakfast or paid severe need breakfast in the appropriate box.
- **Free:** report the total numbers of children eligible for free regular breakfast or free severe need breakfast in the appropriate box.
- **Reduced:** report the total numbers of children eligible for reduced price regular breakfast or reduced price severe need breakfast in the appropriate box.
- **Total Eligible:** report the total numbers of children eligible for meals in the Regular School Breakfast, Severe Need Breakfast Program (Paid + Free + Reduced = Total Eligible).

After School Snacks

- **Paid:** report the total numbers of children eligible for paid regular after school snacks in the appropriate box.
- **Free:** report the total numbers of children eligible for free regular after school snacks or area eligible after school snacks in the appropriate box.

- **Reduced:** report the total numbers of children eligible for reduced price regular after school snacks in the appropriate box.
- **Total Eligible:** report the total numbers of children eligible for after care snacks in the National School Lunch Program (Paid + Free + Reduced = Total Eligible).

Special Milk

- **Paid:** report the number s of all children who received paid status milk from all sites. **This includes all children participating in Non-Pricing and Pricing Milk Only programs.**
- **Free:** report the total numbers of all children who received free milk from all sites with status determined by applications that qualified for free milk .
- **Reduced: Do not fill out this field** as this information is not being collected at this time.

IV. Program Information

- **Days Meals or Milk Served:** Indicate the number of days in the Claim month that the NSLP, Regular School Breakfast, Severe Need Breakfast and After School Care Snack Program were available to children.
RCCI – Count only the days a reimbursable snack was served.
 - **If your sites have multiple numbers of service days, report the highest number of service days only.**

V. Miscellaneous Information

- **Adult Meals (earned and paid):** This data is not being collected by NDE at this time.
- **Other Revenue Dollars (include a la carte and separate milk sales):** This data is not being collected by NDE at this time.

VI. Special Milk Program

- **Number of ½ pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children Special Milk, Paid cell above):** Report total milk usage in this category from all sites.
- **Number of ½ pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above):** report total milk usage in this category from all sites.
- **Average Milk Cost per ½ pint purchased (Round to four digits). Only complete this if you have entered ½ pints of free milk based on income eligibility:**

If you have any questions about the Claim for Reimbursement, please call your nutrition consultant:

Pat Cook	NSLP Nutrition Consultant	775-687-9219
Virginia Beck	NSLP Nutrition Consultant	702-486-6472
Katherine Stewart	RCCI/SMP Nutrition Consultant	775-687-9218